Alaska Police Standards Council
PO Box 111200
Juneau, Alaska 99811-1200
Ph: 907 465-4378

PERSONAL HISTORY STATEMENT

F-3

GENERAL INSTRUCTIONS:	**Hand print or type an answer to EVERY QUESTION. If the question does not apply to you, respond with N/A. If space available is insufficient, use section #28 or a separate sheet and precede each answer with the number of the referenced block. DO NOT MISREPRESENT OR OMIT a requested fact since the statements made herein are subject to verification to determine your qualifications for employment.**

1. Last Name	First Name	Middle Name	2. Male ☐ Female ☐
3. Other Names, Alias(es), Nickname(s)			Social Security Number
4. Mailing Address	City	State	Zip Code
Present Residence Address	City	State	Zip Code

Residence Phone No.	Business Phone No.	Cell Phone No.	Email

5. Date of Birth (*Month, Day, Year*)	Place of Birth (*City, County, State*)	**Attach a copy of birth certificate or passport (mandatory)**

6. Weight	Height	Eye Color	Hair Color

7. U.S. Citizen Yes ☐ No ☐ By Birth ☐ Naturalized ☐ **If Naturalized, Naturalization Certificate with Photo (mandatory)**	If Naturalized, Certificate Number	Date, Place, and Court
	Name of Spouse or Significant Other (*Last, First, Middle*) Phone:	
8. Marital Status Married ☐ Single ☐ Divorced ☐ Widowed ☐	Address (*Street, City, State*)	

Name and Present Address of Spouse(s) if Divorced or Separated:

Name	Address	Phone
Name	Address	Phone

9. Children and Dependents
List all your children, including stepchildren and adopted, and give the following information:

Name	Date of Birth	Place of Birth	Residence Address	With Whom	Supported by Whom

10. Military Status:		Attach copy of DD 214
Have you served in the U.S. Armed Forces? Yes ☐ No ☐	If YES, Branch	Serial Number
Type of Discharge	Dates of Service From To	Rank

A. While in the military, were you ever a subject of a criminal investigation, issued a summons, detained or arrested for an offense?
Yes ☐ No ☐ Use separate sheet of paper to explain each incident and outcome or disposition.
Have you ever had an Article 15, captain's mast, trial by deck court, or a summary, special or general court-martial, or an equivalent proceeding?
Yes ☐ No ☐ Use separate sheet to of paper and include: Date, place, enforcing authority, type of court-martial, charge and type of action taken.

B. Are you presently a member of the U.S. Reserve or National or State Guard organization? Yes ☐ No ☐ If yes, complete the following:

Grade and Service Number	Service and Component	Active ☐ Inactive ☐ Standby ☐
Organization and Station or Unit and Location	Indicate Reserve Obligation if any:	

11. Education:	Attach diploma or certificate of graduation (mandatory)

A. List all high schools attended.

Name	Address	Dates Attended	Years Completed	Graduated Yes	Graduated No

B. Higher education. List information below for all colleges or universities attended. **Attach transcript or diploma from all institutions of higher education attended (mandatory for credit)**

Name & Address of College or University	Dates Attended From	Dates Attended To	Credit Hours Semester	Credit Hours Quarter	Degree Received	Year Received

Major and Minor College Courses:

C. List vocational or technical training. List all law enforcement training. Give the name for each and the location of school, dates attended, subjects studied, certificate, and any other pertinent data. Include college courses in Criminal Justice or Law Enforcement.

12. Do you speak a language other than English? Yes ☐ No ☐ If yes, what language(s) do you speak?

How fluently? Fair ☐ Good ☐ Excellent ☐

13. Special Qualifications and Skills:

A. Have you ever applied for certification or been certified as a law enforcement officer (*correctional, probation, parole, or police officer, etc.*)?
Yes ☐ No ☐ If yes, list name and location of certification authority, date of issue, and date of expiration (*if applicable).*

B. Have you ever had a law enforcement certification revoked or suspended? Yes ☐ No ☐ If yes, state name of revoking or suspending authority, date of revocation, and reason(s).

C. Indicate type of special license such as pilot, vessel, radio operator, etc., showing licensing authority where the license was first issued, and date current license expires (*except vehicle operator's license*).

D. Special skills you posses and machines and equipment you can use. (*For example, scientific or professional devices, communications or navigational equipment*).

E. Approximate number of words per minute: Typing Shorthand

F. Special qualifications not covered in application. (*For example, your most important publications* (*do not submit copies unless requested*); *your patents or inventions; public speaking and publications experience; membership in professional or scientific societies, etc.; and honors and fellowships received.)*

14. Vehicle Operator's License (*Drivers, Commercial Drivers License, etc.*): Give the following information concerning any vehicle operator's license you have held or now hold, beginning with your present license. If more space is needed, please list information in section 28.

Kind of License and Number	Place of Issue	Date of Expiration	Restrictions

Have you ever been denied issuance of a license or have you ever had a license or privilege to drive cancelled, suspended or revoked?
Yes ☐ No ☐ If yes, explain fully:

Have you ever had automobile insurancecancelled, withdrawn or revoked or have you ever been refused automobile insurance?
Yes ☐ No ☐
If yes, give details, including reasons, names of companies, dates, etc.:

Give name and address of the insurance company with whom you now have automobile insurance:	Policy coverage:

15. Family:

List in the order given, showing relationship, parents, guardians, stepparents, foster parents, parents-in-law, spouse, brothers, and sisters. Include any others you have resided with or whom a close relationship existed or exists.

Relationship / Date	Name	Present Address if living
Father		
Mother		

If any person listed above is not a U.S. citizen by birth, give the date and place of birth, the date and port of entry, alien registration number, naturalization certificate number, and place of issuance.

16. Employment: **Beginning with your most recent job,** list your work history for the past TEN (10) years, including part-time, temporary or seasonal employment, and all periods of unemployment.

From Date	Name and Address of Employer		Reason for leaving?	Job Title
To Date			Description of Duties	
Salary	Name of Supervisor	Phone	Name of Co-worker	Phone
From Date	Name and Address of Employer		Reason for leaving?	Job Title
To Date			Description of Duties	
Salary	Name of Supervisor	Phone	Name of Co-worker	Phone
From Date	Name and Address of Employer		Reason for leaving?	Job Title
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Salary	Name of Supervisor	Phone	Name of Co-worker	Phone
From Date	Name and Address of Employer		Reason for leaving?	Job Title
To Date			Description of Duties	
Salary	Name of Supervisor	Phone	Name of Co-worker	Phone

Have you ever been terminated, fired, discharged, asked to resign, furloughed, put on inactive status for cause, or subjected to disciplinary action while in any position (*except military*)? Yes ☐ No ☐ If yes, state circumstances:

Have you ever resigned (*quit*) after being informed your employer intended to fire, discharge, or terminate you for any reason? Yes ☐ No ☐
If yes, explain, giving name and address of employer, approximate date, and reasons in each case.

17. Financial Status:

List all bankruptcies and dates:

18. Arrest, Detention, and Litigation: (*Show all arrests including traffic, except parking*).

If the answer to any of these questions is YES, list the date, place, and full details of each incident on a separate sheet or section #28.

A. Were you ever a subject of a criminal investigation, issued a summons, detained or arrested by a law enforcement agency?
Yes ☐ No ☐

B. Have you ever been convicted of a crime? Yes ☐ No ☐

C. Have you ever been fingerprinted for any reason (*arrest, job applicant, etc.*)? Yes ☐ No ☐

D. Have you ever been convicted of a misdemeanor crime or any crime related to domestic violence? Yes ☐ No ☐
A misdemeanor crime of domestic violence means an offense that:
1) is a misdemeanor or felony under Federal or State law; and
2) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with the victim as a spouse, parent, or a guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

E. List all traffic citations **ever** received (*except parking*) including the date, place and full details of each incident.

19. Illicit Drug Use:

Do you now use, or have you ever used, illicit (*illegal*) drugs, including marijuana? Yes ☐ No ☐ If yes, complete the following:

Name of Drug	Date of last use

20. Insurance:

Were you ever rejected as an applicant for any insurance? Yes ☐ No ☐ If yes, explain below.

Reason Rejected	By Whom	Date

21. Residences: List all residences for the past 10 years, beginning with your present address.

Month and Year		Address	City	State or Country	Landlord and Phone No.
From	To				

22. References:

CHARACTER REFERENCES (do not include relatives, former employers, or persons living outside the United States or its Territories). List only character references who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors or coworkers from page 4. List a minimum of three (3) character references with home and work phone numbers

Name	Years Known	Street	City & State	Phone

23. Foreign Travel:

Dates		Country Visited	Purpose of Travel
From	To		

24. Hobbies & Sports:

Name	Length of Participation	Level of Proficiency

25. Organization Membership:

Yes	No	
		Are you now or have you ever been a member of or affiliated with any organization or association which, according to your knowledge at the time of your membership, advocated the overthrow of the government of the United States or of this state by force, violence, or other unconstitutional means, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or of this state?
		If so, was your membership in or affiliation with the organization or association, with the specific intent to achieve the overthrow of the government of the United States or of this state by force, violence or other unconstitutional means, or to commit acts of force or violence to deny other persons their rights under the Constitution of the United States or of this state?

If YES to either of the questions above, describe the circumstances. Attach additional sheets for a full detailed statement. Specify nature and extent of association with each organization, including office or position held, also include dates, places, and credentials now or formerly held.

26. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be assigned or which might require further explanation? Yes ☐ No ☐ If YES, give details:

27. Have you ever applied for a position with any other governmental agency? Yes ☐ No ☐ If so, give details:

28. Remarks:

I authorize release of all information pertaining to me from the records of credit bureaus, educational institutions, military services, law enforcement agencies and present and past employers, to my prospective employer and the Alaska Police Standards Council. I also authorize the Alaska Police Standards Council to release to any law enforcement agency, information which the council obtains regarding my qualifications to be a police, corrections, probation, or parole officer.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the information that I have provided contains any misrepresentation or falsification or if any requested information has been knowingly omitted.

I certify under penalty of PERJURY that the foregoing is true and accurate to the best of my knowledge.

Done at_____, _____ on the_____ day of _____, 2_____.

(City) (State)

SWORN TO AND SUBSCRIBED BEFORE ME

_____ this _____ day of _____, 2 _____.

Applicant

_____

Notary Public in and for the State of _____

My Commission Expires: _____

FOR AGENCY USE ONLY: SCREENING CHECKLIST:	**Initials**
Is applicant a U.S. citizen with documentation on file?	_____
Is applicant 21 years of age with birth certificate or passport in file?	_____
Does applicant have a high school diploma/GED with documentation in file?	_____
Has military service been verified with documentation in file?	_____
Has prior certification history been verified with documentation in file?	_____
If applicant has applied to other agencies, has query been done and documented?	_____
Has background investigation been completed with documentation in file?	_____
Has fingerprint card been submitted to Alaska Department of Public Safety?	_____
Does applicant meet drug standards?	_____
Has APSIN been checked with documentation in file?	_____
HAS NCIC been checked with documentation in file?	_____
Have motor vehicle records been checked with documentation in file?	_____
Have civil actions been queried with documentation in file?	_____
Has applicant passed a physician examination performed by a licensed physician with documentation in file?	_____
Has applicant met all standards as set out in 13 AAC 85.010, with documentation in file, as appropriate?	_____